



**STATE OF ARKANSAS**  
**TOWING & RECOVERY BOARD**  
**PO BOX 8285**  
**SEARCY, ARKANSAS 72145**  
**www.artowing.arkansas.gov**

Office Use Only

NO: \_\_\_\_\_

EXPIRES: \_\_\_\_\_

**CONSENT TRAILER**

**TOW VEHICLE SAFETY EQUIPMENT INSPECTION FORM**

(Any certified law enforcement officer is authorized to examine)

OWNER INFORMATION: Firm: \_\_\_\_\_ City: \_\_\_\_\_

VEHICLE INFORMATION: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Type: **TRAILER** Vin# \_\_\_\_\_ Tag: \_\_\_\_\_

Storage Rates: \_\_\_\_\_

TOWING AND/OR RECOVERY SAFETY EQUIPMENT\* (Write "yes" or "no" in each blank).

1. \_\_\_\_\_ Fire Extinguisher, ABC Type of at least nine (9) pound capacity. (two 4.5-pound capacity extinguishers are acceptable) accompanying the trailer.
2. \_\_\_\_\_ Tail, Turn, and Stop Lights to be attached to the rear of the towed vehicle so as to be visible from the rear.
3. \_\_\_\_\_ Safety chains or straps to secure the towed vehicle to the trailer.
4. \_\_\_\_\_ Flares, reflective cones or triangle safety signals, or other similar safety devices.
5. \_\_\_\_\_ Towing business's name and telephone number **permanently affixed**: painted or indicated by a decal on each side of the tow vehicle.
6. \_\_\_\_\_ Winch(s) on trailer used for recovery and/or hoisting and carrying a vehicle during transport shall have a minimum capacity of (L) 8,000 pounds and minimum cable size of 3/8" (inch) diameter, winch capacity and cable size shall increase proportionately with the Gross Vehicle Weight Ratings.

\*Minimum requirements specified in Rule 7 of Rules and Regulations promulgated by the AR Towing & Recovery Board pursuant to A.C.A. 27-50-1201 et seq.

\_\_\_\_\_ I the undersigned, towing owner or operator, do affirm this trailer, dolly, or other separately hitched vehicle will be  
yes no used in a safe and knowledgeable manner.

EXAMINATION INFORMATION: Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm Location: \_\_\_\_\_

Examining Officer Name: \_\_\_\_\_ Badge No: \_\_\_\_\_ Agency: \_\_\_\_\_

Officer Signature: \_\_\_\_\_

Affirmation of Company owner or Representative: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE ----- AR TOWING & RECOVERY BOARD USE ONLY

Revised 09/27/06

APPLICATION INFORMATION: Date received: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Rec. by: \_\_\_\_\_

Pictures: \_\_\_\_\_ License tag, \_\_\_\_\_ Name & Phone No. of Business, \_\_\_\_\_ Trailer \_\_\_\_\_ New \_\_\_\_\_ Renew